

Illinois WIC Program Nutrition Practice Standards (NPS) Counseling Approach December 2024

Nutrition Practice Standards are designed to assist staff in translating policy into practice. This guidance is intended to be used in conjunction with the Illinois WIC Policy Manual (PM), Nutrition Education Section, and USDA Value Enhanced Nutrition Assessment (VENA) guidance to assist in delivering counseling and education that meets program requirements. The Illinois WIC program uses the VENA approach to provide personalized, outcome-driven services that focus on participants' strengths.

VENA training is required as part of the Department's initial WIC training for CPA/CPAA staff (IL WIC PM AD 11.1, CS 6.1, and NE 1.1). This document highlights key concepts.

Category-specific Desired Health Outcomes

Start the assessment with category-specific desired health outcomes in mind.

Participant Category	WIC Desired Health Outcome
Pregnant Woman	Delivers a healthy, full-term infant while maintaining optimal health status.
Breastfeeding Postpartum Woman	Achieves optimal health during the childbearing years and reduces the risk of chronic disease.
Non-breastfeeding Postpartum Woman	Achieves optimal health during the childbearing years and reduces the risk of chronic disease.
Infant	Achieves optimal growth and development in a nurturing environment and develops a foundation for healthy eating practices.
Child 12-60 Months of Age	Achieves optimal growth and development in a nurturing environment and begins to acquire dietary and lifestyle habits associated with a lifetime of good health.

Focus on Strengths Not Deficiencies

This increases a participant's self-confidence and self-efficacy.

Deficiency-focused Assessment	Strength-focused Assessment
Focus is on risks, problems	Focus is on a positive health outcome.
Participant needs to be "fixed"	Participant is viewed as having strengths to be developed or reinforced.
CPA/CPAA instructs participant on how to change	CPA/CPAA guides the participant to identify strengths, barriers, and priorities.
Focus is narrow (on individual risk factors)	VENA considers the whole person in the context of their larger environment (holistic and individualized).

Setting the Agenda

Starting the visit by explaining the assessment process reduces participant anxiety, creates a power-sharing dynamic, and increases participant engagement throughout the assessment process.

Agenda setting is also an opportunity for the WIC staff to connect the goal of the assessment process to nutrition services that WIC provides and the participant's desired health outcome.

What to **Do** to Set the Agenda

Create a welcoming environment in all clinic areas by making sure areas are clean, comfortable, and provide privacy.

Use courteous and respectful language and greet participants by name as they enter the clinic.

Use positive body language such as smiling, maintaining eye contact, nodding, facing the participant.

Review previous documentation in WIC MIS, as applicable, to convey commitment to continuity of care.

What to **Say** to Set the Agenda

Open the conversation by introducing yourself and explaining the purpose of the visit:	"My name is _____ and I am the (your role). I will be checking your child's height and weight (and lab work if needed) and asking you some questions about your child's eating habits and health. We can then work together to come up with some ideas you may be interested in trying and see if there are any other services or resources that might be helpful to your family."
Ask permission:	"Would it be ok if we start by taking some measurements?"
Seek early input:	"Is there any area of your health or nutrition that you would like to focus during today's visit?"
Delay Nutrition Education (until after completing assessment)	"It sounds like you would like to make changes in this area. If it is okay with you, I would like to ask a few more questions and then we can talk more about that and figure out some next steps that make sense for you."

Collecting Relevant Information

To gather information efficiently and effectively, use a variety of techniques, such as springboard questions, probing questions, and reflective listening. Additionally, complete the assessment process before providing targeted information or brainstorming specific action steps.

Tips for Nutrition Risk Assessment		
Practice Non-judgement	Focus on understanding their preferences without labeling foods as “good” or “bad.”	“Tell me about the kinds of foods your family enjoys eating.”
	Acknowledge the participants efforts without making assumptions about the quality of their choices.	“It sounds like you are doing your best to provide for your family.”
Explore values	Values are what people consider important. They affect behaviors, which affect outcomes.	“What’s important to you when it comes to your family’s eating habits?”
Affirm strengths	Statement that acknowledges an individual’s positive qualities and encourages continued application of those qualities (“you” statements)	“By helping him brush his teeth you are helping him build healthy habits.”
Evoke Protective Factors	To identify what is going well, what are their strengths, what is important to them, etc.	“It sounds like you are doing a great job making sure your child is healthy and happy. Let’s talk about some of the things that are already going well for you.”
Springboard questions	Open ended questions designed to stimulate conversation and encourage participants to explore their thoughts and feelings. They serve as a starting point to delve deeper into a topic.	“How do you feel about your eating during this pregnancy?” “Tell me about your typical habits with alcohol, nicotine, or other drugs.”
Probing questions	Follow up on responses to springboard questions to dig deeper into topics raised.	“What do you typically eat at breakfast?” “Tell me how often you use these substances and the situations or triggers that might lead you to use them.”
Reflective listening	Statements that convey understanding and encourage further conversation	“It sounds like...” “It’s difficult for you...” “You would like to...”
Get curious	Do you need more information from the participant? What does the participant already know about the topic?	“Tell me more about what happened when...” “Share your experience or what you already know about...”

Motivated to Change or Resistant to Change

Do you hear motivation to change? The CPA/CPAA can have considerable influence on positive behaviors by encouraging, listening for, and responding to change talk. It may sound like something the participant wants or dissatisfaction with the current situation or risk factor.

What Does Motivation Sound Like?	
Desire for Change	“I want to lose the baby weight.” “I need to be better with...”
Ability	“I might be able to....” “I could...”
Dissatisfaction with Current Situation	“I hate having to wash out the bottles.” “I’m so tired all the time.”
Values	“Having meals together as a family is really important to me.” “I know watching too much TV isn’t good for him.”
Hopes for the Future	“I want to start her on solid foods soon.” “I want to breastfeed for as long as I can.”
Plans to Change or Steps Taking Toward Change	“I plan to start walking every day.” “I have to cut back on sweets a lot.”
Questions about a topic	“What have other parents done?” “Where do I even start?”

Sometimes participants voice vague motivations. Reflecting and asking probing questions can assist in guiding them with ideas for nutrition education, targeted goals, and action steps.

Vague Motivations	Potential Staff Responses
“I want him to be healthy”	“What are some healthy habits you want him to have?” “What are some things that you think might help him to be healthy?”
“I wish she would eat better”	“What foods do you wish she ate more of?” “If there was one thing you wish you could change about her eating, what would it be?”
“I want to do everything I can to have a healthy baby”	“You want what is best for the baby. Describe what you are doing and can do to make that happen?”

Resistance Talk

Do you hear resistance from the participant? Resistance talk is evidence that participants are not ready for change and feel they need to defend against making a change. The more a participant argues against change, the less likely it is that they will change their behavior.

Tips for Addressing Resistance		
CPA/CPAA	“Tell me how she is doing with cups and bottles.”	Reflecting Resistance
Participant	“She is still using the bottle. I don’t want to rush her.”	
CPA/CPAA	“You know her best. When do you think she will be ready to transition to a cup?”	Affirming Autonomy
Participant	“Right now it comforts her but I don’t want her on the bottle too long.”	
CPA/CPAA	“It sounds like you don’t want to upset her but you know she will need to be weaned at some point. What age or when do you feel this will work for both of you?”	Affirming Autonomy

Sensitive Topic Conversations

At various times throughout the assessment the CPA/CPAA may need to ask questions about sensitive topics which can make staff and participants uncomfortable. Below are strategies to ask those questions in a way that establishes trust and encourages participants to engage fully in the discussion.

Strategies for Addressing Sensitive Topics	
Being Transparent	“One reason we ask about alcohol and nicotine use is that some people struggle with these and we have referrals for helpful support.”
Normalizing	“Some women have unexpected emotions after the baby is born. How have you been feeling?”
Providing a Range	“Some people smoke a few cigarettes a day, and some smoke multiple packs a day. Tell me about your typical smoking habits, like how often and where you tend to smoke?”
Asking Permission	At WIC we care about participants’ safety and ask everyone about their home environment. Can I ask you some questions about this?”
Showing Empathy	“That must be frustrating.” “I can see why you would be upset.”
Expressing Gratitude	“Thank you for sharing that with me.”
Affirmation	“You’re a strong person to keep a positive attitude, considering how much stress you’re under.”

Assess Readiness for Change

By completing a comprehensive nutrition assessment, staff can identify the participant's key concerns, needs, and strengths. This allows them to collaboratively determine the participant's primary focus and explore positive behavior changes that can support their desired health outcomes. Furthermore, by assessing the participant's current stage of change, staff can work with them to brainstorm tailored strategies that will guide them towards achieving their goals.

Assessing Readiness for Change		
	Participant	WIC Staff
Pre-contemplation	"I don't think my eating habits are a problem."	"It sounds like you are comfortable with your current eating habits. Can you share more about what you typically eat in a day?"
Contemplation	"I'm up for trying something new."	"What new changes are you considering? How do you think they might benefit you?"
Preparation	"I am planning to start walking a mile a day."	"That's a great plan. How can we make sure you have the support and resources you need to start walking a mile a day?"
Action	"I have already cut out soda and started drinking more water."	"That's fantastic! How are you feeling since you make this change? Are there any challenges you're encountering?"
Maintenance	"I have been drinking more water every day for the last 3 months and feel great."	"It's wonderful to hear you are feeling great. What strategies have helped you maintain this change and how can we ensure you continue on this path?"

What is Important and How Confident is the Participant?

Utilize probing questions to uncover what matters most to the participant and gauge their confidence in making changes. Additionally, asking participants to rate their feelings or attitudes can help assess their priorities, confidence, and readiness for change.

CPA/CPAA	"On a scale from 1-10 how confident are you in your ability to prepare healthy meals for your family this week, with 10 being I will do it and 1 being I don't think I could do that?"
Participant	"I'd say about a 6. I feel sort of confident, but I worry about finding the time to cook."
CPA/CPAA	"A 6 is a good start! It sounds like you're feeling somewhat confident, but time management might be a challenge. What do you think could help move you from a 6 to a 7 or 8? Could we explore some quick meal ideas or ways to simplify your cooking routine?"

Making the Transition from Assessment to Nutrition Education

After identifying priority issues with the participant throughout the assessment process, use critical thinking to integrate the participant’s unique set of circumstances, medical conditions, nutrition practices, and breastfeeding goals into a cohesive plan for nutrition services.

Below are skills to help make a successful transition from assessment to nutrition education and breastfeeding counseling, guided goal setting, a tailored food package, and targeted referrals if needed.

Skill/Technique	Example
Summarize the Assessment	“To summarize what we have discussed today Hannah is starting to transition from the bottle to the cup and eating more table foods. Imani at times doesn’t seem to have a very good appetite, but the doctor mentioned his weight is on the high side for his age. You were wondering about portion sizes for them both—how much is enough for heathy growth. Let’s talk more about that. I can share some recommendations around portion sizes and feeding kids at this age. Before I get started though, tell me what you have heard about how much food to offer children?”
Prioritize Topics	“You talked about several changes you might want to make. You wanted to drink more water and cut down on soda. You also mentioned fitting in more fruits and vegetables and walking more. Which of these changes do you think would have the biggest influence on your health?”
Affirm Topics for Nutrition Education	“You said you think walking with the baby might help you lose weight. Taking the baby for walks is a great way to stay active and work towards that goal.”
Use Transitional Questions	“As you think about next steps for introducing table foods, what foods do you think she might like?”

Targeted Nutrition Education and Resource Sharing

Summarizing the assessment and prioritizing topics can also be done using Circle Charts. Circle Charts are a desktop tool using a participant-centered approach to facilitate behavior change. There are two different versions of circle charts that may be used, pre-filled or blank.

For more information on using Circle Charts, visit the Community Health Training Center’s website, [Resources](#). There you will find a Circle Chart Self-Study Module, blank circle chart, and pre-filled circle charts for each category. The pre-filled circle charts also have sample questions that can be used to explore topics for discussion.

Goal Setting

Guided Goal Setting and Achievable Action Steps

During the WIC assessment, the CPA/CPAA and the participant work together to identify nutrition risk factors, barriers and change talk. After providing targeted information they can brainstorm specific, “how to” action steps to reach desired health outcomes.

Guided goal setting is based on the premise that participants who set realistic, achievable goals for themselves are more likely to make changes than those who do not set goals.

Participant Category	Nutrition/Health Outcome	Potential Risks/Barriers to Address	Potential Protective Factors to Build Upon	Examples of Participant “How to” Goals
Pregnant Participant	Consume a variety of foods to meet energy and nutrient requirements	<ul style="list-style-type: none"> • Diet very low in calories/nutrients • Inadequate vitamin/mineral supplementation 	<ul style="list-style-type: none"> • Eating fruits, vegetables, lean proteins, whole grains • Taking prenatal vitamins 	<ul style="list-style-type: none"> • Bring a salad with a protein and whole grain snacks to work every other day • Take a prenatal vitamin daily at night
PG, BF or Postpartum Participant	Avoid alcohol, tobacco, and drugs	<ul style="list-style-type: none"> • Tobacco use • Environmental Tobacco Smoke (ETS) Exposure 	<ul style="list-style-type: none"> • Avoid harmful substances • Knowledge of ETS risks 	<ul style="list-style-type: none"> • Reduce smoking by half of current use • Ask others to smoke outside the home.
Breastfeeding Participant	Breastfeed successfully for as long as desired	<ul style="list-style-type: none"> • Previous breastfeeding problems (wouldn't latch) • Lack of support 	<ul style="list-style-type: none"> • Knowledgeable about breastfeeding • Have a support network 	<ul style="list-style-type: none"> • Meet with the Peer Counselor to talk about breastfeeding (scheduled) • Join a breastfeeding support group (referral made)
Infant Participant	Consume human milk or iron-fortified infant formula and foods as developmentally appropriate	<ul style="list-style-type: none"> • Inappropriately diluted formula • Early introduction of solid foods 	<ul style="list-style-type: none"> • Correct preparation of formula • Transitioning to complementary foods 	<ul style="list-style-type: none"> • Prepare infant formula with first measured water and then measured scoop • Feed baby foods in small sizes and portions to avoid choking.
Child Participant	Achieve a normal weight pattern	<ul style="list-style-type: none"> • At Risk for Overweight • Lack of physical activity 	<ul style="list-style-type: none"> • Eating a variety of healthy foods • Regular activity 	<ul style="list-style-type: none"> • Have child help pick foods out for meals and snacks • Go to park at least every other day

Conducting Family Visits

Often there are several members of a family enrolled in WIC. The same strategies in previous sections can help in conducting family assessments. Below are some questions to ask during a family assessment to help streamline the visit and provide comprehensive care for all participants.

	Description	Example Questions
Family Assessment	Gather information on family eating habits, health, and behaviors. Consider cultural preferences and routines.	“What are your favorite foods or meals to have as a family?” “What foods do you want your family to eat more/less of?”
Similarities & Differences	Identify individual eating habits and preferences.	“How are your children different in their eating?” “Does Enrico like fruits as much as Anna?”
Engage Children	Ask children about their favorite foods and activities.	“What’s your favorite fruit or veggie?” “Do you like to help your [parent/caregiver] in the kitchen?”
Protective Factors	Identify strengths like family meals and active habits.	“What meals do you eat together as a family?” “What activities do you like to do as a family?”
Barriers & Risks	Explore challenges such as financial issues or differing preferences.	“What makes it hard to eat healthy together?” “Does anyone have a health condition affecting their diet?”
Family Goals	Develop realistic shared goals that involve all family members while supporting individual needs.	“How can we make mealtime healthier for everyone?” “What’s one small change you can make this week?”

Family Goal Setting Tips

- **Find a common goal** the family can work on together like having at least 3 family meals per week or going on a daily walk.
- Focus on **small, achievable goals** by breaking them down into manageable steps. If the goal is to increase physical activity, set a goal of 10-minute family walk after dinner. If the goal is to “eat healthier” the goal could be “add one vegetable to dinner 3 nights a week.”
- Use a **visual tracker** like a chart or calendar to track progress. For example, add a sticker for each fruit or vegetable a family member eats.
- Set **age-appropriate goals**. Children might have simpler goals like eating one new fruit a week while parents may have more complex goals like meal prepping.
- **Consider family’s unique challenges** such as time and/or financial constraints. Offer education on how to cook quick, healthy meals using affordable ingredients like canned beans, frozen vegetables, and whole grains. A related goal could be to try one of the recipes provided by WIC in the next week.